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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 09/980,370		Filing Date 17 May, 2002		<input type="checkbox"/> To be Mailed		
				Applicant(s) COLLYER ET AL.				Page 1 of 1		
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 06/07/2007		AFTER SEC. AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51			
2				1			52			
3				1			53			
4				1			54			
5				4			55			
6				4			56			
7				1			57			
8				1			58			
9				1			59			
10			1				60			
11			1				61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18				4			68			
19				4			69			
20							70			
21				4			71			
22				1			72			
23				1			73			
24				1			74			
25				1			75			
26							76			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend				30			Total Depend			
Total Claims			33				Total Claims			

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Part of Paper No60707-1.